

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90090 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000000356 (4)**

1. Corporation Name

ALBUQUERQUE WHALER 95-B CORPORATION



Principal Place of Business

Mailing Address

1285 AVE OF AMERICAS
 14TH FLOOR
 NEW YORK NY 10019

1000 HARBOR BLVD
 TAX DEPT 9TH FLOOR
 WEEHAWKEN NJ 07087

DO NOT WRITE IN THIS SPACE

Date incorporated or Qualified

01/23/1995

FET Number

13-3850560

Applied For

Not Applicable

2. Principal Place of Business

3. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

Certificate of Status Desired

\$8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is in compliance with the requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors and they hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, title of agent and title if applicable.

(NOTE: Registered Agent signature required.)

DATE

12. OFFICERS AND DIRECTORS

Change Addition

TITLE: P
 NAME: PLUST, STEVEN J
 STREET ADDRESS: 1285 AVE OF AMERICAS, 14TH FL
 CITY-ST-ZIP: NEW YORK NY 10019

1-1 TITLE
 1-2 NAME
 1-3 STREET ADDRESS
 1-4 CITY-ST-ZIP

TITLE: AS
 NAME: BANYAI, GERALDINE L
 STREET ADDRESS: 1285 AVE OF AMERICAS, 14TH FL
 CITY-ST-ZIP: NEW YORK NY 10019

2-1 TITLE
 2-2 NAME
 2-3 STREET ADDRESS
 2-4 CITY-ST-ZIP

TITLE: D
 NAME: BAUM, STEVEN
 STREET ADDRESS: 1285 AVE OF AMERICAS, 14TH FL
 CITY-ST-ZIP: NEW YORK NY

3-1 TITLE
 3-2 NAME
 3-3 STREET ADDRESS
 3-4 CITY-ST-ZIP

Secretary
 Laura Kelly
 1000 Harbor Blvd.
 Weehawken, NJ 07087

TITLE: VD
 NAME: ENGLANDER, PETER
 STREET ADDRESS: 13077 HIGHWAY 19 WEST
 CITY-ST-ZIP: BRYSON CITY NC 28713

4-1 TITLE
 4-2 NAME
 4-3 STREET ADDRESS
 4-4 CITY-ST-ZIP

TITLE: D
 NAME: BAUM, STEVEN P
 STREET ADDRESS: 1285 AVE OF AMERICAS, 14TH FL
 CITY-ST-ZIP: NEW YORK NY 10019

5-1 TITLE
 5-2 NAME
 5-3 STREET ADDRESS
 5-4 CITY-ST-ZIP

TITLE: AT
 NAME: LEVINE, KEN
 STREET ADDRESS: 1000 HARBOR BLVD/TAX DEPT 9TH FLOOR
 CITY-ST-ZIP: WEEHAWKEN NJ

6-1 TITLE
 6-2 NAME
 6-3 STREET ADDRESS
 6-4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.0713(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from a attachment with an address.

Ken Levine 10/3/99